

Report Year:

2010

12874

Century City Doctors Hospital

Los Angeles

Page:1 of 9

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**Provide the Hospital Owner and Year of Report per Section 130061(e)**

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Facility Number:

12874

Facility Name:

Century City Doctors Hospital

Address:

2070 Century Park East

City:

Los Angeles

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Hospital Owner/Licensee:

Century City Medical Plaza, A Ltd. Partnership

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Kenneth Orgel, CCM

Submission Date:

1/27/2011 2:36:56 PM

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Report Year:

2010

12874

Century City Doctors Hospital

Los Angeles

Page:2 of 9

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Hospital	2070 Century Park East	Retrofit	SPC2	01/01/2013	12/14/2012

Report Year:

2010

12874

Century City Doctors Hospital

Los Angeles

Page:3 of 9

For each building which is planned for retrofitting or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:

01

Main Hospital

Retrofit/Replacement  
Project:

Hazus-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
12874	IL101930	0		08/12/2010				OPEN	No

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Main Hospital

**Type of Service Provided**
☒ Nursing Inpatient Beds 124 Inpatient Days 0

☒ IntensiveCare Inpatient Beds 18 Inpatient Days 0

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☒ Psychiatric  
Nursing Inpatient Beds 34 Inpatient Days 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate  
Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 176

☒ Surgical

☐ Obstetrical  
Recovery

☐ Anesthesia

☐ Newborn/  
WellBaby

☒ Clinical Lab

☒ Emergency

☒ Radiological/  
Imaging

☒ Nuclear  
Medicine

☐ Pharmaceutical

☐ Dietetic

☒ Rehabilitation  
Therapy

☒ Administration

☐ Renal Dialysis

☐ Support  
Services

☒ Outpatient  
Surgery

☐ Obstetrical  
Cesarean/Deliv

☐ Central Plant

Report Year:

2010

12874

Century City Doctors Hospital

Los Angeles

Page:5 of 9

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

01

Building Name:

Main Hospital

**Medical / Surgical (Include GYN)**Inpatient  
Bed

124

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

34

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

10

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

8

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

176

**Total Beds this  
Building Per  
Service**

0

Report Year:

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Century City Doctors Hospital

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Page:6 of 9

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building  
Number

Building  
Name

Building to  
be Removed

01

Main Hospital

☐

Report Year:

2010

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Century City Doctors Hospital

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Page:7 of 9



Report Status: **Data Last Update:** 01/27/2011

**Submission Date:** 01/27/2011

**Print Date:** 1/28/2011 8:38 AM

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Main Hospital

## Type of Service Provided

☒

Nursing

☒

IntensiveCare

☐Pediatric/Adol  
escent☒Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☒

Surgical

☐

Anesthesia

☒

Clinical Lab

☒Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☒

Emergency

☒Nuclear  
Medicine☒Rehabilitation  
Therapy☐

Renal Dialysis

☒Outpatient  
Surgery☐

Central Plant

☐Support  
Services



Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Main Hospital

Configuration

:

Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

**Type of Service Provided**☒

Nursing

☒

Surgical

☐Obstetrical  
Cesarean/Deliv☒Rehabilitation  
Therapy☒

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☒

Clinical Lab

☐Newborn/  
WellBaby☒Outpatient  
Surgery☒Psychiatric  
Nursing☒Radiological/  
Imaging☐

Pharmaceutical

☒

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Dietetic

☒

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Administration

☒☐

Skilled Nursing